FORM D

U.S. SECURITIES AND EXCHANGE COMMISSION Mail Proces Section OMB APPROVAL

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Expires: April 30, 2008

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FORM D

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NOTICE OF SALE OF SECURITIES hington, DC PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix | Serial DATE RECEIVED

Name of Offering (check if this is an an	nendment and name h	as changed, and ind	icate change.)	-	
MERITAGE HOLDINGS LTD.					
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	Rule 506	Section 4(6)	BBOCESOFE
Type of Filing: New Filing	Amendment				JUN 0 3 2008
		A. BASIC IDEN	TIFICATION DATA		S 111N 0.3 5000
1. Enter the information requested about t	he issuer		_		utrns
Name of Issuer (check if this is an ame		s changed, and indic	ate change.)		THOMSON REUTERS
MERITAGE HOLDINGS LTD	·		_		
Address of Executive Offices		· · · · ·	(Number and	Street, City, State, Zip	Code) Telephone Number (Including Area Code)
c/o Renaissance Technologies LL	C, 800 Third Ave	nue, New York,	NY 10022		(212) 486-6780
Address of Principal Business Operations		-	(Number and	Street, City, State, Zip	
(if different from Executive Offices)					(Including Area Code)
Brief Description of Business	 ,				1911
					1 1881A (BILLA BERTARA) 1881A (BILLA BERTARA) 1881A (BILLA BERTARA) 1881A (BILLA BERTARA)
Securities Investment					
Type of Business Organization					THE STATE OF THE S
corporation	limited partner	ship, already formed	t 🛛 otł	er (please specify):	08047919
business trust	limited partner	ship, to be formed	A Berr	nuda exempted company	ny
Actual or Estimated Date of Incorporation	or Organization:	Month Yes [1 1] [9 8]	r	Actual	Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: [F][N] CN for Canada; FN for other foreign jurisdiction)					

GENERAL INSTRUCTIONS

Federal:
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Executive Officer Director Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Zierk, David Business or Residence Address (Number and Street, City, State, Zip Code) Pier 5, The Embarcadero, Suite 101, San Francisco, CA 94111 Check Box(es) that Apply: Executive Officer Director General and/or Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Forrest, Roderick Business or Residence Address (Number and Street, City, State, Zip Code) Wakefield Quin, Chancery Hall, 52 Reid Street, Hamilton HM12, Bermuda Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Simons, Nathaniel Business or Residence Address (Number and Street, City, State, Zip Code) Pier 5, The Embarcadero, Suite 101, San Francisco, CA 94111 Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Magaro, Alex Business or Residence Address (Number and Street, City, State, Zip Code) 66 Field Point Road, Greenwich, CT 06830 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Stony Brook Foundation, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) Stony Brook University, Administration Building, Room 230, Stony Brook, NY 11794, Attention: Jason W. Hsueh Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Sea Change Foundation Business or Residence Address (Number and Street, City, State, Zip Code) Pier 5, The Embarcadero, Suite 101, San Francisco, CA 94111, Attention: Laura Baxter-Simons Beneficial Owner ☐ Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

101 5th Avenue, Fifth Floor, New York, NY 10003

The Simons Foundation

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)										
Frey Family Foundation, Inc.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
314 Main Street Port Jefferson NY 11777 Attention: Robert Frey										

					B. IN	FORM.	TION	ABOUT	OFFER	ING				
1.	Has the	issuer sold,	or does the	issuer inter	nd to sell, to	non-accre	dited invest	tors in this o	offering?	•••••		************		Yes №
					Answer	also in App	pendix, Col	umn 2, if fi	ling under	ULOE.				
2.	What is	the minimu	ım investme	nt that will	be accepte	d from any	individual?	·	•••••		• • • • • • • • • • • • • • • • • • • •	\$100,00	0 (Wajyabk	by the Directors)
_														Yes No
3.	Does the offering permit joint ownership of a single unit?													
4.	solicitat	ion of purch	hasers in co	nnection wi	th sales of	securities in	the offerir	ig. If a pers	on to be lis	ted is an as	sociated pe	rson or age	ilar remunes nt of a broke	er or
	dealer re	egistered wi of such a b	ith the SEC roker or dea	and/or with iler, you ma	n a state or s By set forth	states, list th the informa	e name of tion for the	the broker o it broker or	or dealer. It dealer only	f more than	five (5) pc	rsons to be	listed are as	sociated None
Full Nam	ne (Last na	me first, if	individual)			_					_			
Ducinese	or Danide		- A i	-d Ctoops	City Ct-t-	2:- C-4-)								
Duziness	or Kesige	nce Addres:	s (Number a	and Street,	City, State,	Zip Code)								
Name of	Associate	d Broker or	Dealer											
States in	Which Per	rson Listed	Has Solicit	ed or Intend	ds to Solicit	Purchasers							•	
(Check	_		individual										((D)	All States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	(DE) (MD)	[DC] [MA]	[FL] [M1]	(GA) [MN]	[HI] [MS]	[ID] [MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[NJ] (TX)	[NM] [UT]	[YY] [TV]	[NC] [VA]	[ND] [WA]	(OH) (WV)	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Nam	ne (Last na	me first, if	individual)											
<u> </u>					<u> </u>									, <u>.</u>
Business	or Kesiae	nce Addres	s (Number	and Street,	Ciry, State,	Zip Code)								
Name of	Associate	d Broker or	Dealer											
States in	Which Per	rson Listed	Has Solicit	ed or Intend	ds to Solici	Purchasers					· -			
(Check			individual	•						······································		***************************************	······	All States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	(CA) (KY)	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	(FL) [Ml]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[NJ] [TX]	(NM) (UT)	[YV] [YT]	[NC] [VA]	[ND] [WA]	(OH) [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Nan	ne (Last na	me first, if	individual)											
														
Business	or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)								
Name of	Associate	d Broker or	Dealer			-							_	<u>-</u> -
States in	Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchasers		<u>-</u> .					,	
(Check	"All State	s" or check	individual	States)										Ali States
(~1100%	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	[] All Metes
	(IL) [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH]	[KY] [NJ] ITXI	(LA) [NM]	[ME] [NY]	[MD] [NC] [VA]	[MA] [ND] [WA]	[M] [OH] [WV]	(MN) (OK) rwn	[MS] [OR] [WY]	[MO] [PA]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total

		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	\$	s
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify Shares)	\$1,000,000,000	\$ <u>599,919,618</u>
	Total	\$ <u>1,000,000,000</u>	\$ <u>599,919,618</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$ <u>599,919,618</u>
	Non-accredited Investors		\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Thurst of St. 1	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		\$
	Regulation A		2
	Rule 504		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left		5
	of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ <u> </u>
	Legal Fees		\$ <u>50,000</u>
	Accounting Fees		\$0
	Engineering Fees		\$ <u>0</u>
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Miscellaneous (blue, sky fees, duplicating, courier, etc.)	⊠	\$ <u>10,000</u>
	Total		\$60,000

		offering price given in response to Part C - conse to Part C - Question 4.a. This difference		\$999,940,000
5.	an estimate and check the box to the left of the	amount for any purpose is not known, furnish		
			Payments to Officers, Directors, & Affiliates	Payments To Others
			□ s	□ \$
			□ \$	□ \$
	Purchase, rental or leasing and installation of a	nachinery and equipment	□ \$	□ \$
		facilities	□ \$	□ \$
	Acquisition of other businesses (including the that may be used in exchange for the assets or merger)		\$	S
	Repayment of indebtedness	***************************************	□ s	S
	•	>>=====================================	□ \$	□ \$
		er's Disclosure Document	□ \$	∑\$999,940,0 6
	Column Totals	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ s	⊠\$ 999,940,00
				9,940,000
	-	D. FEDERAL SIGNATURE		
ollowi equest	ng signature constitutes an undertaking by the	the undersigned duly authorized person. If the issuer to furnish to the U.S. Securities and luer to any non-accredited investor pursuant to provide the control of the cont	Exchange Commi	ssion, upon writt
3001 (11	rage holdings ltd.		May	21 .2008
IERI			1	
	Signer (Print or Type)	Title of Signer (Print or Type)		

ATTENTION
Intentional misstatements or omissions of act constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE								
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of	of such rule?Yes No						
	See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed duly authorized person.	ened on its behalf by the						
Issuer (Pr	rint or Type) Signature Signature	Date						
MERI	TAGE HOLDINGS LTD.	May 21, 2008						
Name (Pr	rint or Type) Title (Print or Type)							

Vice President

Instruction:

Alex Magaro

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

